

Internal Use

TCC code

# Form DCC-4419

## Application for Magnetic Media Reporting of Currency Transactions

1. Name and address of organization (street, city, state, zip code)	2. Person to contact about this request Name:  Title:  Telephone number: <i>(include area code)</i>
3. Employer Identification Number (EIN)	4. Calendar year for which you will begin to file on magnetic media

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5a. Transmitter name and address if different from item 1	5b. Employer Identification Number (EIN)
	5c. Transmitter control code (TCC)

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6. Type of documents being filed: ☐ 4789-CTR   ☐ 8362-CTRC   ☐ 8852-CTRCN   ☐ Other \_\_\_\_\_  
☐ TDF-90-22.47-SAR   ☐ TDF-90-22.49-SARC   ☐ MSB SAR

If you are acting as transmitter, please list on a separate sheet the name, Employer Identification Number and TCC code of each filer for whom you will prepare magnetic media. Should you use software developed by a Vendor, please see instructions on reverse side.

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**Type of filing**

7. **Magnetic Tape/Cartridge Parameters**  
(Check appropriate box(es))

Type of Media	Density <i>(tape only)</i>	Track <i>(cartridge only)</i>
<input type="checkbox"/> Tape <i>(9-track only)</i> <input type="checkbox"/> Cartridge	<input type="checkbox"/> 6250 BPI	<input type="checkbox"/> 18-track <input type="checkbox"/> 36-track

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8. **Diskette Parameters**  
(Check appropriate box(es))

Type of Media	Hardware	Software/Operating System or Software Vendor	Recording Mode
5 1/4" Diskette			<input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII
3 1/2" Diskette			ASCII only

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9. Person responsible for preparation of the documents	Name <i>(type or print)</i>	Title
	Signature	Date